

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/658229**
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2				
4		2				
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9		2		2		
10	1		1			
11		2		2		
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16		2		2		
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TOTAL IND.	17		7			
TOTAL DEP.	37		35			
TOTAL CLAIMS	44		42			

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